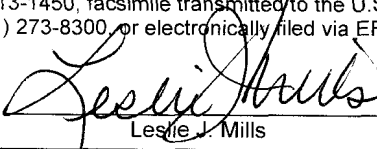
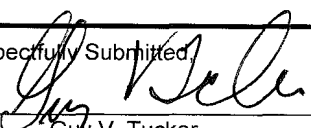


# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Tarara et al.  Application No: 09/886,296 Confirmation No: 6348  Filed: June 21, 2001  Title: ENGINEERED PARTICLES AND METHODS OF USE	Group No: 1611  Examiner: Sharmila Gollamudi Landau  Attorney Docket No: NK. 0054.10  August 22, 2008 San Francisco, California 94107
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Commissioner for Patents  VIA EFS  <b>Papers Enclosed</b>  <input checked="" type="checkbox"/> Amendment in Response to Non-Final Office Action <input type="checkbox"/> Declaration <input type="checkbox"/> 0 Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Modified SB08 Form <input type="checkbox"/> Cited References (Box) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<b>Extension of Time</b> <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2" style="text-align: center;">Extension Fee</th> </tr> <tr> <th></th> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input checked="" type="checkbox"/> One Month</td> <td style="text-align: center;">\$120.00</td> <td style="text-align: center;">\$60.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td style="text-align: center;">\$460.00</td> <td style="text-align: center;">\$230.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1050.00</td> <td style="text-align: center;">\$525.00</td> </tr> <tr> <td colspan="3" style="text-align: right;"><b>Total \$ 120.00</b></td> </tr> </table> <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	Extension (Months)	Extension Fee			Large Entity	Small Entity	<input checked="" type="checkbox"/> One Month	\$120.00	\$60.00	<input type="checkbox"/> Two Months	\$460.00	\$230.00	<input type="checkbox"/> Three Months	\$1050.00	\$525.00	<b>Total \$ 120.00</b>		
Extension (Months)	Extension Fee																		
	Large Entity	Small Entity																	
<input checked="" type="checkbox"/> One Month	\$120.00	\$60.00																	
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<input type="checkbox"/> Three Months	\$1050.00	\$525.00																	
<b>Total \$ 120.00</b>																			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	44	46	9	\$50.00	\$25.00	\$0.00
Independent Claims	2	5	0	\$210.00	\$105.00	\$0.00
Multiple Dependent Claims				\$370.00	\$185.00	\$0.00
Supplemental Information Disclosure Statement						
<b>Total</b>						<b>\$0.00</b>

<b>Fee Payment</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Extension Fees</td> <td style="width: 50%; text-align: right;">\$120.00</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: right;"><b>\$120.00</b></td> </tr> </table> <input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <b>\$120.00</b> <b>CERTIFICATE OF TRANSMISSION (37 C.F.R. ' 1.8a)</b>  I hereby certify that this correspondence is being or deposited with the U.S. Postal Service as first class mail with sufficient postage, in a box addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office via Fax No. (571) 273-8300, or electronically filed via EFS, on the date shown below.  By:  Date: <u>August 22, 2008</u> Leslie J. Mills	Extension Fees	\$120.00			<b>Total</b>	<b>\$120.00</b>	<b>Fee Deficiency</b> <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .  and/or  <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .  Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please send correspondence to:  Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107  Respectfully Submitted,  By:  Date: <u>August 22, 2008</u> Guy V. Tucker Registration No. 45,302
Extension Fees	\$120.00						
<b>Total</b>	<b>\$120.00</b>						